PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27 AT Unit 1797 TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number. 50-3227 Deposit Account Name. The Culbertson Group, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below. Experiments of foe(s) Charge fee(s) indicated below. Experiments Charge fee(s) indicated	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
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Examiner Name					Filing Date	Ap	April 2, 2004		
Art Unit 1797 Attorney Docket No. 986.1012001					First Named Inve	entor Ar	Anthony S. Wagner		
Authors	Applicant claims small entity status, Co-207 OFD 4.07				Examiner Name Huy T		ıy Tram No	ram Nguyen	
METHOD OF PAYMENT (check all that apply) □ Check					Art Unit 1797		97		
Check	TOTAL AMOUNT OF PAY	Attorney Docket	No. 98	986.1012001					
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Deposit Account Number: 50-3227 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (S) Fee (
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) A.OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SSUE/Publication Fee Registration No. 32,124 Registration No. 32,124 Telephone 512.327.8932	Provisional	220							
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Registration No. 32,124 Telephone 512.327.8932 Name (Print/Type) Russell D. Culbertson Date October 6, 2008	SUBMITTED BY								
Name (Print/Type) Russell D. Culbertson Date October 6, 2008	Signature	//		F	Registration No. 3	2.124	Telepho	one 512.327.8932	
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.